



## Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Why did you choose this  
breed? \_\_\_\_\_

Phone: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

E-mail: \_\_\_\_\_ Spay/Neut.? \_\_\_\_\_

Ref. by: \_\_\_\_\_

Other Pets in Household:

\_\_\_\_\_

Other People in Household:

\_\_\_\_\_

Occupation/Time spent outside home:

\_\_\_\_\_

Veterinarian:

\_\_\_\_\_

Medical Problems/meds/allergies: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ How many times per day?

\_\_\_\_\_ What times is dog fed? \_\_\_\_\_ Eat right away/finish meals? YES NO If NO, please explain: \_\_\_\_\_

Other treats/snacks & how often: \_\_\_\_\_

Where was dog obtained? \_\_\_\_\_/How long ago: \_\_\_\_\_

Housebroken? \_\_\_\_\_ Crate trained? \_\_\_\_\_

Where does dog sleep?  
\_\_\_\_\_

% time indoor/outdoor? \_\_\_\_\_

Where kept when owner is gone? \_\_\_\_\_

Exercise Type/Frequency:  
\_\_\_\_\_

Equipment used on walks:  
\_\_\_\_\_

Any previous training? YES NO

Behaviors dog knows/training methods used/trainer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your dog's interaction with other dogs? Circle all that apply:

- |             |            |            |
|-------------|------------|------------|
| ROUGH       | SUBMISSIVE | AGGRESSIVE |
| AROUSED     | PLAYFUL    | FEARFUL    |
| CONFIDANT   | ALOOF      | DOMINANT   |
| INDIFFERENT | PUSHY      | SHY        |

How would you describe your dog's interaction with people? Circle all that apply:

- |             |         |              |
|-------------|---------|--------------|
| ROUGH       | GENTLE  | SHY          |
| SUBMISSIVE  | PLAYFUL | ALOOF        |
| AGGRESSIVE  | FEARFUL | CUDDLY       |
| INDIFFERENT | PUSHY   | AFFECTIONATE |

Has your dog ever shown aggression towards dogs? YES NO  
(Aggression includes growling, showing teeth, snapping, biting.)  
If YES, please describe what you have observed in the space provided.

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Has your dog ever shown aggression towards people? YES NO  
(Aggression includes growling, showing teeth, snapping, biting.)

If YES, please describe what you have observed in the space provided.

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Has your dog ever bitten a person? YES NO

If YES, please describe the incident in the space provided.

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Has your dog ever bitten another dog? YES NO

If YES, please describe the incident in the space provided.

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Reason for Consultation/OR, If joining a class, we would like to know your goals. What is your “Powerful Why” for your new puppy or dog? Everyone starts with a dream of what owning a pet should be like...

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Notes:

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Handouts given:

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**Payment:** Payment is due prior to the day of consult or training session. When purchasing a training session package, payment of the package is due prior to or on the first day the package begins (first lesson) and must be used within a 3 month period of time. All payments are final.

**Cancellations/Rescheduling:** Cancellation/ Reschedule of a session is required no later than 48 hours in advance of any training session as this may impact many others and negatively impact our ability to serve all clients well.

LIABILITY: Owner agrees to indemnify and hold Pups to Pooches Trainer and Trainer's employees/agents harmless from all liability for any loss, damage or injury to persons, animals or property arising from or related to Owner's pet. Owner agrees that Trainer shall not be liable for loss or damage to animal for any reason. Owner also understands that no training program comes with a "guarantee" due to the nature of training animals. Furthermore, owner compliance with training and behavior modification programs is absolutely necessary in order for these programs to be successful.

AGREED TO:

Trainer: \_\_\_\_\_ Date \_\_\_\_\_ Owner \_\_\_\_\_ Date \_\_\_\_\_

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[www.pups2pooches.com](http://www.pups2pooches.com)